CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
444 North Third Street, Suite 410
Sacramento, CA 95814
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State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor

APPLICATION TO PROVIDE ADVANCED PRACTICE POST- PROFESSIONAL EDUCATION

Instructions: Submit a complete application for each course. Include a copy of the proposed flyer or brochure and a sample certificate to California Board of Occupational Therapy, 440 North Third Street, Suite 410, Sacramento, CA 95814. Please refer to Title 16, California Code of Regulations section 4154 in completing this application.

(Indicate the advanced practice area for which you will be offering post-professional education.)

- ❑ Hand Therapy
- ❑ Physical Agent Modalities
- ❑ Swallowing Assessment, Evaluation and Intervention

Board Use Only

SECTION I (Please Type or Print)

A. Provider Name		B. Business Telephone Number ( )	
B. Mailing Address	City	State	Zip Code

C. Organization Type (select one)

☐ Association ☐ Corporation ☐ Licensed Health Facility ☐ Individual (social security number required)
☐ Partnership ☐ Government Agency ☐ University, College or School

D. California Department of Consumer Affairs Licenses/Certificates/Registrations (list only those held by the provider)

Type _____ Number _____ Expiration Date _____

Type _____ Number _____ Expiration Date _____

E. FEIN/SSN Number	F. Contact Person	G. Mailing Address and Telephone Number (if different than provider address) ( )

SECTION II. COURSE INFORMATION (Use additional sheets if necessary)

PROVIDER NAME _____

Please type or print. This section must be completed in its entirety.

1. COURSE TITLE:	2. DATE(S) TO BE OFFERED
3. STATEMENT AS TO THE RELEVANCE OF THE COURSE TO THE ADVANCED PRACTICE:	

4. CHECK THE BOXES BELOW TO INDICATE WHICH SUBJECT MATTER REQUIREMENTS ARE COVERED IN THE COURSE.

HAND THERAPY:

- ☐ Anatomy of the upper extremity and how it is altered by pathology.
- ☐ Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- ☐ Muscle, sensory, vascular, and connective tissue physiology.
- ☐ Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.
- ☐ The effects of temperature and electrical currents on nerve and connective tissue.
- ☐ Surgical procedures of the upper extremity and their postoperative course.

PHYSICAL AGENT MODALITIES:

- ☐ Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.
- ☐ Principles of chemistry and physics related to the selected modality.
- ☐ Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- ☐ Guidelines for the preparation of the patient, including education about the process and possible outcomes of treatment.
- ☐ Safety rules and precautions related to the selected modality.
- ☐ Methods for documenting immediate and long-term effects of treatment.
- ☐ Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

SWALLOWING ASSESSMENT, EVALUATION & INTERVENTION:

- ☐ Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract.
- ☐ The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems.
- ☐ Interventions used to improve pharyngeal swallowing function.

5. DESCRIPTION OF THE CONTENT (Include course syllabus, goals and objectives):
6. TYPE OF OFFERING (e.g. Seminar, Conference, In-service, Web-Based):
7. NUMBER OF CONTACT HOURS:
8a. DESCRIBE THE PROVIDER'S BACKGROUND, HISTORY, AND EXPERIENCE (You may submit a prospectus/resume in lieu of completing this section.): b. LIST OF SIMILAR COURSES PREVIOUSLY OFFERED BY PROVIDER:

SECTION III. INSTRUCTOR INFORMATION (Use additional sheets if necessary. You may submit a prospectus, resume or curriculum vitae in lieu of completing this section. However, it must contain all of the information requested below.):

Please type or print

1. NAME:	**2a. Type of License/Certificate/Registration:**
	2b. License/Certificate/Registration Number:
	2c. Date Issued and Date Expires:

3. EDUCATION:

College/University	Major	Degree	Area of Preparation	Year Degree Granted

4. EXPERIENCE: (Start with most recent experience)

Agency	Position	Scope of Practice	From Mo/Yr	To Mo/Yr

5. TEACHING EXPERIENCE

Title of Course	Description	Location	Month/Year

NOTE: If course has more than one instructor, a separate form is needed for each instructor.

SECTION IV - Affidavit

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist in the State of California.

_____ _____

Provider Signature Date

Information Collection and Access – The Board's executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification to provide advanced practice post-professional education. Each provider has the right to review its file maintained by the agency, subject to the provisions of the California Public Records Act.